

processing means for calculating intermediate values based on said  
recorded information;

processing means for using said intermediate values to generate said  
billing code.

50. The apparatus of Claim 45, in which said electronic means

comprises a handheld computer with a touch screen interface, said interface facilitating  
the entering and recording of the patient information in real time.

Sub C2 51. A method for gathering a patient's data and subsequently  
generating a billing code, including:

providing an electronic computer to prompt an information gatherer to  
gather information that is potentially relevant to calculating the billing code;

obtaining and recording that information;

repeating said prompting, obtaining, and recording steps; and

electronically calculating a desired billing code from said gathered data.

52. The method of Claim 51, further including a step before said  
billing code calculation, said further step comprising electronically calculating an  
intermediate value for some subset of the data recorded for the patient.

53. The method of Claim 51 or 52, in which said electronic computer  
is provided in the form of a handheld computer with a touch screen interface, said  
recording step involving entering the patient information in real time via said touch  
screen interface.

54. The method of Claim 51 or 52, in which said step of calculating a billing code calculates an appropriate code from the United States Health Care Financing Administration codes.

Sub C3 55. A method of calculating a medical billing code that complies with the requirements of the United States Health Care Financing Administration, including:

providing an electronic computer or scannable form;

prompting the information gatherer via said electronic computer or said scannable form to gather information that is potentially relevant to calculating the billing code;

obtaining and recording that information into said electronic computer or said scannable form;

repeating said prompting, obtaining, and recording steps; and

electronically calculating a desired billing code from said gathered data.

56. The method of Claim 55, in which said electronic computer is provided in the form of a handheld computer with a touch screen interface, and said recording step involving entering the patient information in real time into said electronic computer via said touch screen interface.

Sub C4 57. An integrated electronic system for conducting a medical interview of a patient and contemporaneously calculating an appropriate government billing code based on that interview, including:

electronic means for prompting an interviewer to make a series of inquiries, said means optionally using at least some of the preceding responses in calculating further prompting for inquiries to make of the patient;

electronic means for recording the patient's response or other information regarding the prompted inquiry; and

electronic means for calculating the billing code based on information recorded from the medical interview.

58. Apparatus for electronically calculating an appropriate United States Health Care Financing Administration (HCFA) billing code based on a medical examination of a patient, including:

electronic means for recording intermediate HCFA code values for sub-parts of the examination; and

electronic means for calculating an appropriate final HCFA billing code from the recorded intermediate HCFA code values.

59. Electronic apparatus for use in connection with an encounter between a medical practitioner and a patient, comprising:

electronic means for prompting the medical practitioner regarding data to be obtained from the patient regarding patient care and corresponding HCFA billing codes;

means for storing said data from the patient;

a menu section comprising at least one of history, physical examination, and medical decision making questions, said menu section related to said means for prompting the medical practitioner;

payer mandated requirement codes;

scores based in part on results from responses to said menu section;

algorithm for linking and processing said requirement codes with said

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scores; and

resultant code based in part on said linked and processed requirement codes and scores.

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60. The apparatus of Claim 59, wherein said payer mandated requirement codes are Health Care Financing Administration codes.

61. The apparatus of Claim 59, further comprising a timer for timing said data gathering session.

62. The apparatus of Claim 59, further comprising software for enabling a user of said apparatus to self-generate questions in any particular order.

63. The apparatus of Claim 59, further comprising option for noting dictation and for later appending dictated notes with said responses.

64. The apparatus of Claim 59, further comprising at least one of history score, physical examination score, and medical decision making score.

65. The apparatus of Claim 59, further comprising a final score, based at least in part on said history score, physical examination score, and medical decision making score.

66. The apparatus of Claim 59, further including dictated and free form text information, said information is based in part on said responsive data.

67. The apparatus of Claim 66, further including a final text version comprising said dictated and free form text information for at least one of said history, physical examination, and medical decision making questions.

68. Apparatus for compiling medical data and generating claims consistent with payer mandates, comprising:

electronic means for displaying topics of inquiry for use with a patient during a patient encounter;

data forms for collecting and storing data from said patient encounter, said data comprising patient responses and user generated text information based in part on said patient encounter;

codes representative of at least one of billing, procedure, and documentation requirements;

algorithm for linking, comparing, and computing said collected data with said requirement codes; and

resultant code based in part on said linked, compared, and computed data.

69. The apparatus of Claim 68, wherein said resultant code is an evaluation and management code to be used in a claim and for submitting to a payer.

70. The apparatus of Claim 68, further comprising a timer for tracking total time and patient counseling time during said patient encounter, and algorithm for computing when said time exceeds fifty percent, of said total time.

71. The apparatus of Claim 69, wherein said requirement codes are Health Care Financing Administration codes.

72. The apparatus of Claim 68, wherein said requirement codes are insurance requirement codes.

73. The apparatus of Claim 69, 70, 71, or 72 wherein said electronic means comprising one of desktop computer, computer terminal, laptop computer, handheld computer, handheld device, voice recognition device, voice recognition software, handwriting recognition device, or hand writing recognition software.

74. A medical electronic device for facilitating patient inquiries, for collecting and storing responses to said inquiries, and for generating documentation and claim requirements, said device comprising:

an electronic means for prompting a user with questions and inquiries and for storing responses and free text information;

medical charts having at least one of history, physical examination, and medical decision making information;

software configured for storing Health Care Financing Administration codes, and for linking said responses with said Health Care Financing Administration codes; and

resultant code based in part on said linked responses.

75. A device for facilitating patients data gathering and for complying with government or insurance mandates, said device including an electronic means configured with software means for displaying menus, for prompting medical related questions, and for storing responses and other user input information; said device further including government or insurance requirements for taking history, diagnosing, treating, billing, and documenting, and algorithm for linking said stored responses and other information with said government or insurance requirements and for computing codes in connection with filing a claim.

76. A process for generating documents, records, and codes in compliance with government or health insurance mandates, said process including the steps of:

- (a) providing a database of procedure and treatment requirements;
- (b) using at least one electronic input device to gather information regarding a patient, said input device configured to gather information on related input forms, which is based at least in part on information in said database and at least in part on one of history, physical examination, and medical decision making inquiries;

- (c) calculating scores, said scores are based in part on said requirements and related to said billing codes and said gathered information;
- (d) electronically linking said gathered information, said requirements, and said scores for processing;
- (e) processing said linked information with an algorithm to compute a final score; and
- (f) enabling a user to print or copy said final score and other gathered information to submit to said government or health insurance for payment.

77. The apparatus of Claim 49, 57, or 58, wherein said electronic means comprises at least one of desktop computer, computer terminal, laptop computer, handheld computer, handheld device, voice recognition device, voice recognition software, and scannable paper forms.

78. The method of Claim 51 or Claim 52 or Claim 55, wherein said electronic computer is at least one of desktop computer, computer terminal, laptop computer, handheld computer, handheld device, voice recognition device, and voice recognition software.

79. The system of Claim 57, further including at least one scannable form for prompting inquiries.

80. The apparatus of Claim 59, 60, or 68, further including at least one scannable form for prompting inquiries.



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81. The apparatus of Claim 49 or 58, wherein said billing code is based in part on comparing a total patient encounter time and a total patient counseling time.

82. The method of Claim 51 or 55, wherein said billing code is based in part on comparing a total patient encounter time and a total patient counseling time.

83. The apparatus of Claim 68, wherein the resultant code is based in part on comparing a total patient encounter time and a total patient counseling time.

84. The apparatus of Claim 59, 60, 68, or 69, wherein said data includes patient counseling information and patient care information.

85. The method of Claim 51, 52, or 55 further including storing patient counseling information and patient care information, and using said stored information for billing, historical tracking and analyzing.

86. The device of Claim 74, wherein said information includes patient counseling information and patient care information.

87. The electronic system on Claim 57, further including inquiries relating to history, physical exam, and medical decision making, and algorithm for computing said billing code based in part on said history, physical exam, and medical decision making inquiries.

88. The apparatus of Claim 49, in which at least some of said repeated prompting is determined to some degree by previous information recorded.

89. The method of Claim 51, in which at least some of said repeated prompting is dependent to some degree on previous data gathered from the patient.